



FLWEMS Paramedic Procedural Information For:
PERTRACH® CRICOTHYROTOMY

Indications

Inability to secure an airway in the patient with, but not limited to:

- Massive mid-facial trauma
- Unstable cervical trauma requiring an airway when oral or nasotracheal intubation is not possible
- Upper airway obstruction, foreign body or hemorrhage
- Pharyngeal edema due to infection, anaphylaxis, or chemical inhalation

Special Considerations

APPROVAL FROM DIRECT ON-LINE MEDICAL CONTROL BY THE ATTENDING EMERGENCY DEPARTMENT PHYSICIAN MUST BE OBTAINED PRIOR TO UTILIZING THIS PROCEDURE OR ATTEMPTING ANY TYPE OF ADVANCED SURGICAL AIRWAY INTERVENTION.

Cricothyrotomy should be performed as a last resort (on patients who can't be safely intubated orally or nasally), and only with direct on-line approval from Medical Control.

PERTRACH® kits are sized for adults and pediatrics, and are designed for a one time use.

Procedure

1. Select and open adult or pediatric PERTRACH®.
2. Test cuff on tube and then deflate.
3. Test dilator for ease of removal.
4. Apply manual in-line cervical stabilization per Spinal Immobilization Protocol.
5. Identify anatomic landmarks.
6. Cleanse the area with iodine.
7. Stabilize the position of the larynx manually.
8. Attach PERTRACH® needle to syringe.
9. Insert PERTRACH® needle through the cricothyroid membrane, entering the airway at a 90 degree angle.
10. Draw air to verify needle position, taking care to avoid inserting needle too deeply through the posterior trachea (incorrectly placement of device can cause false passages).
11. Reposition needle to a 45-degree angle or more angle towards the carina prior to attempting to insert leader of dilator.
12. Remove syringe, thread filiform portion of dilator into the airway through the needle. Removal of the dilator back through an un-split needle can result in cutting of leader and trachea foreign body. If in doubt, remove both together and start again.
13. The device is inserted with the thumb on the knob, while second and third fingers are curved under the flange of the tube. Force is applied through the thumb.
14. Squeeze wings of needle, then open them out to split needle, then (it's helpful if an assistant holds the device in place while the operator uses both hands) split and remove needle.
15. Exert pressure and force dilator into airway placing tube in a functional position, with face-plate resting against skin.

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16. Remove dilator.
17. Inflate cuff with 1-8mL of air.
18. Secure PERTRACH® device and ventilate at appropriate rate.

Documentation

1. Indication for utilizing this protocol.
2. Interventions attempted prior to performing cricothyrotomy.
3. Name of physician assuming the role as Medical Control for the approval/denial of performing cricothyrotomy/utilizing this protocol.
4. The effect this intervention had on the patient upon arrival at the Emergency Department.

END OF SOP – NOTHING FOLLOWS